

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State



DOCUMENT # L03000023240

1. Entity Name
MARILYNBEN, LLC

| | |
|--|--|
| Principal Place of Business 6650 SUNSET WAY #419 ST. PETE BEACH FL 33706 | Mailing Address 6650 SUNSET WAY #419 ST. PETE BEACH FL 33706 |
|--|--|



1st MOORE CR2E083 (10/06)

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 6650 Sunset Way | 3. Mailing Address 6650 - Sunset Way |
| Suite, Apt. #, etc. #419 | Suite, Apt. #, etc. 419 |
| City & State St Pete Beach | City & State St Pete Beach |
| Zip 33706 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 26-6442967 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

| | |
|---|---|
| 6. Name and Address of Current Registered Agent MARGER, BRUCE ESQ. 200 CENTRAL AVENUE, SUITE 1600 ST. PETERSBURG FL 33701 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|---------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BENJAMIN, MARILYN 6650 SUNSET WAY #419 SAINT PETERSBURG FL 33706 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000601774 01/26/07-80062-023 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Marilyn Benjamin 1/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #